



10/26/25 Morning Report with @CPSolvers



“One life, so many dreams” Case Presenter: Sawsan (@sawsan_Hs) Case Discussants: Parisa (@parisabediii) and Lera (@LNovotnaya)
<https://clinicalproblemsolving.com/present-a-case/>

<p>Scribing (David)</p> <p>CC: 31 yo female brought to the ED by her relatives due to somnolence</p> <p>HPI: 3rd presentation to the ER in 4 days. Coming with headache, nausea, vomiting, fevers, lethargy. Tmax 102 at home. No chest pain, abdominal pain, cough, urinary symptoms, seizures. No sick contacts. She smells things in a different way.</p>	<p>Vitals: T: 102, HR: 105 (later got bradycardic) BP: 108/77 RR: 12 Sat: 98% RA BMI: 19</p> <p>Exam: Gen: ill appearing HEENT: oropharyngeal erythema Neuro: encephalopathy, residual left-weakness, no other focality</p>	<p>Problem Representation: 31 yo female presents with acute inflammatory syndrome of headache, n/v, somnolence and dysosmia. Found to have elevated ICP signs and extensive right temporal lobe edema. Finally got MRI suggestive of HSV encephalitis, confirmed by LP testing.</p>	
<p>PMH: Stroke at 9 months with residual left-side weakness. Migraines.</p> <p>Meds:</p>	<p>Fam Hx: Lupus in her mother</p> <p>Social Hx: No recent travels</p> <p>Health-Related Behaviors: none</p> <p>Allergies: none</p>	<p>Notable Labs & Imaging:</p> <p>CBC: normal. BMP: unremarkable except for Na+ 130</p> <p>CT head: large region of abnormal edema and swelling prominent on right temporal lobe which extends into the basal ganglia and right frontal lobe. Significant mass effect resulting in right sided sulcal effacement, near complete effacement of the right lateral ventricle, and 6mm right to left midline shift</p> <p>Was started empirically on ceftriaxone + vancomycin + aciclovir + hypertonic saline. LP was deferred. Meningitis and respiratory panel: negative. BCx: no growth</p> <p>MRI: encephalitis of the right temporal and frontal lobes with additional smaller amount of parenchymal edema in the mesial left temporal lobe. Parenchymal edema causes approx. 6mm of right to left midline shift with the right temporal lobe causing mass effect on the midbrain. Small amount of petechial hemorrhage within the right temporal lobe.</p> <p>EEG: no epileptiform activity LP: clear, WBC 33 (MN 97%, PMN), RBC 6, protein 49.4, glucose 50 HSV-1 PCR: +</p> <p>Dx: HSV-1 encephalitis</p>	<p>Teaching Points (Julia Z)</p> <p>AMS schema: MIST - Metabolic, Infectious, Structural (tumor, abscess, post-ictal status), Toxins, Blood (anemia, hypoglycemia, hypoxemia) → the problem could be coming from the CNS or systemic causes</p> <p>Fever: means a change in hypothalamus in the brain → infectious or inflammatory conditions (always important to exclude infectious first)</p> <p>-Headache, N/V -> ICP crisis - meningitis, encephalitis, brain abscess</p> <p>PMHx: indicates susceptibility to autoimmune conditions (SLE in mother, stroke at young age)</p> <p>PE: Cushing reflex - bradycardia, HTN, irregular breathing -> ICP elevation</p> <p>Image:</p> <p>-Important to consider brain image before LP - in this pt, images revealed midline deviation → no LP at this moment! Brain edema: infectious (HSV, covid, amebiasis, West Nile) vs inflammatory conditions (autoimmune - antiphospholipid, SLE), sarcoidosis → <i>temporal lobe most common in HSV</i> RBC on LP: can indicate trauma or indication of HSV itself HSV encephalitis: important to consider in young patients w AMs, can develop autoimmune encephalitis</p>